2016 Montpelier Coed Soccer

K-1st 2nd-3rd 4th-5th

Cost \$30.00 Deadline: September 2, 2016 (There will be a \$5.00 late fee after this date)

Return Form to Montpelier City Hall with payment or mail to: 534 Washington Montpelier, ID 83254 Call or text Kim Bateman @ 208-221-3568 with questions.



Games will be played Friday mornings. Older divisions could travel to Soda to play.

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Name				_ Sex	Grade
FIRST		LAST			
Shirt Size: Youth Small Yo (Provided)	outh Medium Y	outh Large	_ Adult Small_	Adult M	Iedium Other
Mother/Guardian		Addre	255		
City, State, Zip		 Home #			
Father/Guardian		Addres	S		
				(if different	from above)
City, State, Zip		Home #		Cell	
Can you receive text messor Parents: I am willing to:	_				
I(we) the parents and/or guardi my(our) approval to participate participation, including transpor- indemnify and agree to hold harmless the local leagu- transporting my(our) child to an result of negligence or from any I(we) agree to return any normal wear and tear. If equipr	in any/all league act tation to and from ue, the chartering o nd from activities; f o other cause. y equipment issued	tivities. I(we) the activities; rganization, th or any claim ai to my(our) chi	assume all risk a and I(we) do he ne organizers, sp rising out of any ld in as good a c	nd hazards i creby waive, consors, part injury to my	ncidental to such release, absolve, icipants and persons ((our) child, whether th
Signature Parent/Guardian		 		Date	
Signature Parent/Guardian		fficial Use (Only	Date	
	<u>U1</u>	i i iciai Use C	<u>Zilly</u>		
Amount Paid	Date		Check #_		Cash